

E16766

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 15 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9469

State File No. _____

Registration District No. 791Primary Registration District No. 1003Registrar's No. 2952

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether
 In this community Unknown
 years, months or days)

3. (a) PRINT FULL NAME John Swanson

3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years abt 77 Months Days If less than one day
 hr. min.

9. Birthplace Unknown Sweden
 (City, town, or county) (State or foreign country)

10. Usual occupation Nil.11. Industry or business Nil.12. Name John Swanson13. Birthplace Sweden
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Sweden
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna Swanson(b) Address City Hospital, #13

17. (a) _____ (b) Date thereof 3/26/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington18. (a) Signature of funeral director W. R. Rutter(b) Address 3000 Rutger

19. (a) APR 29 1941 (b) J. J. Brubaker
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 945 Park Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6,
 year 1940 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from March
4, 1940 to March 6, 1940
 that I last saw him alive on March 6, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 2 yrs
 Duration

Due to syphilis years
 Due to central arteriosclerosis years
 Other conditions paralytic agita years
 (Include pregnancy within 3 months of death)

Other conditions _____

Major findings:
 Of operations _____

Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Walter Ford (M., D. or other)Address 1515 Lafayette Date signed 3/12/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.